

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, Telephone No.)	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: <input type="checkbox"/> Central <input type="checkbox"/> Harbor <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> West STREET ADDRESS: P.O. BOX: CITY AND ZIP CODE:	
PLAINTIFF: DEFENDANT:	
SMALL CLAIMS REQUEST FOR POSTPONEMENT (Continuance)	CASE NUMBER:

I am the **9** Plaintiff **9** Defendant in the above action.

Reason for request for postponement: _____

I am requesting the case be postponed to one of the following dates: _____

I understand the following:

That the request for continuance must be **filed at least five court days** prior to the hearing and that I must mail or personally deliver a copy of this request to each of the other parties and **pay the appropriate fee** to the court upon filing the request (if the defendant was timely served). If the request is received **less than five court days** prior to the hearing, the request will be ruled upon at the time of the hearing and the fee will not be refunded if the request is denied.

A copy of the request was mailed or personally delivered on _____.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____

 Print Name

 Signature